



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Kirk McCaslin				
Street Address	4737 N Wayside Dr				
City	Erie	State	Pa	Zip Code	16505

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/06/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date 06/06/2017	To Date 12/31/2017	For Office Use Only 2018 FEB -1 PM 12:15 OK COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Janice M. Cole, Notary Public Millcreek Twp., Erie County My Commission Expires March 9, 2021 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
A. Amount Brought Forward From Last Report	\$	2,595.73	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	2,595.73	
D. Total Expenditures (From Schedule III)	\$	2,595.73	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

1st day of February 2018
 Janice M. Cole
 Signature
 My Commission expires 03-04-2021
 MO. DAY YR.

William P. Braham
 Signature of Person Submitting report
 WILLIAM P. BRAHAM
 Printed Name
 814
 Area Code
 873 0255
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

1st day of February 2018
 Janice M. Cole
 Signature
 My Commission expires 03-04-2021
 MO. DAY YR.

Kirk McCaslin
 Signature of Candidate
 KIRK MCCASLIN
 Printed Name
 814
 Area Code
 434 9609
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Janice M. Cole, Notary Public
 Millcreek Twp., Erie County
 My Commission Expires March 9, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number:											
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											Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address				Date [MM/DD/YYYY]		\$				
City			State		Zip Code	Date [MM/DD/YYYY]		\$			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filler Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART C
Contributions Received From Political Committees
Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
------------------------------	--

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Proforma			Date [MM/DD/YYYY]		\$ 2,595.93	
House #		Street Address PO Box 640814			Description of Expenditure			
City Cincinnati		State Oh		Zip Code 45264		Printing		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							